

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes V No

(CFA-4) Summary Sheet

FILE NUMBER

410-20-13

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AR AMERICATE TOS	, L		
COMMITTEE INFORMATION	Ŋ		
1. Full Name of Committee (as on Statement of Organization)	w name		
Committee to Elect Justin Kiel			
2. Acronym or Abbreviated Name (if any)	3. Comr	mittee Telephone Number	
	(219	9) 363-9896	
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this	s is a new address	
PO Box 53			
5. City, State, ZIP Code		Affiliation (if applicable)	
LaCrosse, IN 46348	Reput	THE PARTY OF THE P	MARIE AND THE RESIDENCE OF THE SAME AND A SAME
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)	
7. Full Name of Candidate (include any nickname)		Affiliation or If Independer	nt Candidate
Justin Michael Kiel	Reput	olican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		inty of Residence	
LaCrosse Town Council	LaPor	THE RESIDENCE OF THE PROPERTY	PARTY OF COURSE OF THE PARTY OF
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONL
11. Check one:		Check one:	
Pre-Primary ☐ Pre-Election ✓ Annual ☐ Nomination ☐ Other ☐		Pre-Conv	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Stateme	nt of Organization,	Post-Con	vention
12. Reporting Period:		COLUMN A	COLUMN B
From: October 12, 2019 Through: December 31, 2019		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		\$314.45	400 440 200 300
14. Cash on hand and investments January 1, current year.			\$314.45
CONTRIBUTIONS AND RECEIPTS	建长星型研究等的		Harmon Brand (1989)
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		\$0.00	\$0.00
15a. Itemized (use Schedule A)			\$0.00
15b. Unitemized	BTOTAL	\$0.00	\$0.00
Too. And lines for any feet with earth and the second		\$0.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	\$314.45	\$314.45
EXPENDITURES	DOM: NOT THE		
(Note: These amounts include in-kind expenditures and loan repayments.)		¢0.00	\$0.00
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		\$0.00 \$0.00	\$0.00
17b. Unitemized	JBTOTAL	\$0.00	\$0.00
Tro. Add miles fred and fred mediane			
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$314.45	\$314.45
19. Debts OWED BY the committee (use Schedule D)		\$0.00	
20. Debts OWED TO the committee (use Schedule E)		\$0.00	HALF CHESTON
CERTIFICATION		CONTROL OF THE STATE OF THE STA	OR OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT I	S TRUE, CORP	RECT AND COMPLETE.	IIN CELINO OFFI
THE		ato	

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

gnature of Candidate (if applicable)

Title

Treasurer

Date

1/9/2020

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly lies a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Kongerfehnbelt OF LA PORTE CIRCUIT COURT

IAN 1 4 2020



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

1 - 4	ILE NUMBER	
Page	of	

managar manes at reast \$ 1,000 m contributions during the saleman ye	art outermoof the to optione.			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:		i	
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)			<u> </u>	
2.	Contributions.			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Control de de Consentina Managinal				
Contributor's Occupation (if required)	Contributions		Marine Marine Inc.	
3.	Direct			
	In-Kind (describe)			
V:	L. Marking (accounce)			
	On Building			
	Other Receipts: Interest Loan			
de .	Miscellaneous (specify)			
	Miscellatieous (specify)			
Contributor's Occupation (if required)	(
4.	Contributions			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions			
5.	Contributions: Direct			
	☐ In-Kind (describe)			
	III-Kilid (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A				
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State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

ISTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions: Direct In-Kind (describe)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
*	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)		Į.	
g.	Other Receipts: Interest Loan Miscellaneous (specify)			ř
4.	Contributions: Direct In-Kind (describe) Other Receipts:			
	Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts:			
QUETOTAL	Interest Loan Miscellaneous (specify) THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on ITE	M 15a of the Summary Sheet.)		And administration of the second	Production of the second section



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions: Direct	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
	Other Receipts: Interest Loan			
2.	Miscellaneous (specify) Contributions: Direct			
	In-Kind (describe) Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specity)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4-64-36-46-47-47-47-47-47-47-47-47-47-47-47-47-47-	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEN	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
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party committee).				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	THIS PAGE OF SCHEDULE A	\$ 0.00		
(Enter total on ITEM	15a of the Summary Sheet.)	\$	A 1489	E deservation of the second of



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER			
Page	of		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 0.00	APPENDING.		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$			
(Enter total on ITEM 17a of the Summary Sheet.)						



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Page	of

			Page	01
PUBLIC QUESTIO Enter Text of Public Question.	N INFORMATION			
Enter Text of Public Question.				
Type of Question: Statewide Local				
Position: Supported Opposed	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution			
	Other Purpose:			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution			
	Other			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution Other			
	Purpose			
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	Other			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution Other			
	Purpose:			
	☐ Direct ☐ In-Kind			
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	Other			
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SUBTOTAL THIS PAG		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE C ON TH (Enter total on ITEM 17a of t	E LAST PAGE ONLY he Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER						
Page	of					

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
×					
LENDER'S OCCUPATION.					
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
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IDEA OCCUPATION.		SUBTOTA	L THIS PAGE C	OF SCHEDULE D	\$ 0.00
	TOTAL OF ALI	L PAGES OF SCHEDULI	E D ON THE LA	AST PAGE ONLY	\$
		(Enter total on I	EN 19 OF THE S	ounniary Sneet.)	



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	LE NUMBER
Page	of

BORROWER'S NAME	CO-SIGNER'S NAME	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	YEAR-TO-DATE	PERIOD PERIOD
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					4.
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•		SUBTOTA	L THIS PAGE O	F SCHEDULE E	\$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					\$



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

No

(CFA-4) **Summary Sheet**

FILE NUMBER **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 2

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) Committee to Elect Justin Kiel	name.				
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (219) 363-9896					
4 Mailing Address (Address where all campaign finance correspondence is received.) PO Box 53	Check if	this is a new	address.		
5. City, State, ZIP Code LaCrosse, IN 46348 6. Party Affiliation (if applicable) Republican					
CANDIDATE INFORMATION (For Candidate's C	ommit	tees Only)	and Mail		
7. Full Name of Candidate (Include any nickname.) Justin Michael Kiel		rty Affiliation o	or If Independent	: Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaCrosse Town Council		ounty of Resi P orte	dence		
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:		
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Utgoing Treasurer (Within ten (10) days amend State	ement of C	Organization.)	Post-Conv	rention	
Reporting Period (mm/dd/yy): 01/01/20 Through: 12/31/20			LUMN A s Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.			\$314.45		
14. Cash on hand and investments January 1, current year.				\$314.45	
CONTRIBUTIONS AND RECEIPTS				Control Section	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			20.00		
15a. Itemized (Use Schedule A.)			\$0.00	\$0.00	
15b. Unitemized	-1151-24006		\$0.00	\$0.00	
	TOTAL		\$0.00	\$0.00	
0.000 (0.000) 0.000 (0.000) 0.000 (0.000) 0.000 (0.000)	TOTAL				
EXPENDITURES		M. The St		ET STANKE	
(Note: These amounts include in-kind expenditures and loan repayments.)			045.00	045.00	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			\$15.00	\$15.00	
17b. Unitemized			\$0.00	\$0.00	
3.00.002.001	TOTAL		\$15.00	\$15.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		\$299.45	\$299.45	
19. Debts OWED BY the committee (Use Schedule D.)			\$0.00		
20. Debts OWED TO the committee (Use Schedule E.)			\$0.00	DE BOX	
CERTIFICATION	AC IS		₹.FC	OR OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CC	RRECT AND CO	DIVIPPE IN LAKE		
Signature of Treasurer Title Treasurer		Date (mm/de	12100	50 5051	
nature of Candidate (if applicable)		Date (mm/de	dixiy VAIN	as all I	

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Date (mm/dd/yy) 1/1,9/21

HUMONIE CRUIT COURT



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

.4STRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page _	1	of	1		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code O 1st Source Bank	Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	\$5.00	\$5.00	10/30/20
218 N. Washington Street LaCrosse, IN 46348	N/A	Other Purpose: Bank fee	\$5.00	\$5.00	10/30/20
Code O 1st Source Bank	Bank	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	0 5.00	240.00	11/00/00
218 N. Washington Street LaCrosse, IN 46348	N/A	Other Purpose: Bank fee	\$5.00	\$10.00	11/30/20
Code O	Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	\$5.00	£15.00	12/24/20
¹st Source Bank 8 N. Washington Street LaCrosse, IN 46348	N/A	Other Purpose: Bank fee	\$5.00	\$15.00	12/31/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		D	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	l	IN 2 0 2021	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	CIERY	LUADUE CIRCO DE LA PORTE CIRCO	UT COURT
SUBTOTAL THIS PAGE OF SCHEDULE B					
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 15.00 \$ 15.00		
	Lanco total off ITEM TTA OF U	io Juliillary Sileet.)			